

The information below is a list of important fields on the new UB-04 claim form for Providers that are billing with their NPI #. All fields that are not listed are not needed to process a claim for Montana Medicaid.

## Client Has Medicaid Only

| <b>UB-04</b>     |  |   |
|------------------|--|---|
| Field #          | Field Title  | Instructions  |
| 1*               | Provider's Physical Address  | Enter Provider's Physical Address with a 9-digit ZIP.   |
| 3a**             | Control Number   | Client's control used by provider   |
| 4*               | Bill Type  | Enter Billing Code  |
| 6*               | Statement Covers Period  | The beginning and ending service dates of the period included on this bill.   |
| 7**              | Unlabeled field  | Passport (beg. w/99) <b>OR</b> Override Indicator (beg. w/alpha character) (a qualifier is not necessary)   |
| 8b*              | Patient's Name   | Enter Client's Name as seen on client's Montana's Healthcare Programs information   |
| 12-15**          | Admission  | For inpatient used enter the admission date, hour, type and source  |
| 17*              | Patient Status   | A code indicating client discharge status as of the ending service date of the period covered on this bill.   |
| 18-28**          | Condition Codes  | Condition codes that are applicable A4 and B3   |
| 42*              | Revenue Codes  | A code which identifies a specific accommodation, ancillary service or billing calculation.   |
| 43**             | NDC coding<br>Revenue Description  | Enter NDC if drugs were administered. Enter numeric NDC without punctuation, dashes, or spaces.   |
| 44*              | HCPCS/ RATE/ HIPPS<br>CODE   | Outpatient: coding for HCPCS / NDC<br>Inpatient: Not required   |
| 45**             | Service Dates  | Outpatient: Enter dates of service for each line item with revenue code<br>Inpatient: Not required  |
| 46*              | Service Units  | A quantitative measure of services rendered by revenue category to or for the client to include items such as number of accommodation day, miles, pints of blood, etc. Must be appropriate for the procedure code, if listed. |
| 47*              | Charges  | Enter charges (covered and non-covered) for each line containing a revenue code.  |
| Line 23*         | Creating Date  | Enter the Date the claim was created (bill date)  |
| 50*              | Payer Name   | Not required if only Montana Healthcare Programs are billed   |
| 54*              | Prior Payments   | If applicable   |
| 56*              | NPI number   | Enter billing provider's NPI number   |
| 58*              | Insured's Name   | Enter name of the individual in whose name the insurance is carried   |
| 60*              | Insured's ID   | Montana Healthcare Programs ID of the individual in whose name the insurance is carried.  |
| <b>NOTE</b>      | All information related to Montana's Healthcare Programs needs to be on the corresponding line (A,B,C) in fields 50, 54, 56, 57, 58, and 60. |   |
| 63**             | Treatment Authorization  | Enter a Prior Authorization number if applicable to the service   |
| 66* first box    | Primary Diagnosis  |   |
| 67* A-Q*         | Diagnosis Code   | Enter principal diagnosis code  |
| 69**             | Admitting Diagnosis  | Inpatient: Enter diagnosis identified at the time of hospitalization  |
| 72**             | EMG  | Emergency Code  |
| 73**             | Unlabeled  | Cost Share Indicator  |
| 74 a-e**         | ICD-9 Procedure Code   | Inpatient only: Procedure Codes   |
| 76*              | Attending Provider   | 1 <sup>st</sup> box Attending Provider NPI #<br>2 <sup>nd</sup> box ZZ = ID Qualifier for taxonomy code   |
| 77-79**          | Operating and Other Providers  | 1 <sup>st</sup> box Operating/Other Provider NPI #<br>2 <sup>nd</sup> box ZZ = ID Qualifier for taxonomy code<br>Last name, first name for both operating/other provider NPI# and taxonomy code<br>ZZ = Id Identifier         |
| 81cc*            | Taxonomy   | 1 <sup>st</sup> box B3 = Qualifier<br>2 <sup>nd</sup> box Enter billing provider's taxonomy code.   |
| <b>Signature</b> | <b>Not needed.</b>   | <b>UB-04 Does not have an area</b>  |

\*Required Fields

\*\*Conditional Fields (Required if Applicable)

Medicaid Only  
Required Fields are Highlighted

|   |                    |  |                    |  |                    |
|---|--------------------|--|--------------------|--|--------------------|
| 1 Take Time Medical Center<br>104 Time Square<br>Helena, MT 59601-0104  |                    | 2  |                    | 3a PAT. CNT. # 4806<br>b. MED. REG. # Grisw97531<br>5 FED. TAX NO. | 4 TYPE OF BILL 131 |
| 8 PATIENT NAME a Pat.'s ID  |                    | 9 PATIENT ADDRESS a 1313 Mockingbird Lane. Metropolis, MT 59601-1313 |                    | 6 STATEMENT COVERS PERIOD FROM 02/01/07 THROUGH 02/04/07 9912345   |                    |
| b Griswold, Clark   |                    | c  |                    | d  |                    |
| 10 BIRTHDATE 03/26/30   | 11 SEX M           | 12 DATE OF BIRTH 02/01/07  | 13 HR 11           | 14 TYPE 1  | 15 SRC 1           |
| 16 DHR  | 17 STAT 01         | 18 19 20 21 22 23 24 25 26 27 28                                     |                    |  |                    |
| 31 OCCURRENCE CODE  | 32 OCCURRENCE DATE | 33 OCCURRENCE CODE   | 34 OCCURRENCE DATE | 35 OCCURRENCE CODE   | 36 OCCURRENCE DATE |
| 37  |                    |  |                    |  |                    |
| 38 Griswold, Clark<br>1313 Mockingbird Lane<br>Metropolis, MT 59601-1313  |                    |  |                    |  |                    |
| 39 CODE VALUE CODES AMOUNT  |                    |  |                    |  |                    |
| 40 CODE VALUE CODES AMOUNT  |                    |  |                    |  |                    |
| 41 CODE VALUE CODES AMOUNT  |                    |  |                    |  |                    |
| 42 REV. CO. 43 DESCRIPTION NDC 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49 |                    |  |                    |  |                    |
| 1 120 Room and Board 4 3200 00  |                    |  |                    |  |                    |
| 2 636 N455390031420ML10 J9265 2 620 00  |                    |  |                    |  |                    |
| 3 270 General Class Medical/Surgical Supplies 110 583 00  |                    |  |                    |  |                    |
| 4 300 General Class Laboratory 4 500 00   |                    |  |                    |  |                    |
| 5   |                    |  |                    |  |                    |
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| 20  |                    |  |                    |  |                    |
| 21  |                    |  |                    |  |                    |
| 22  |                    |  |                    |  |                    |
| 23 PAGE OF CREATION DATE 04/01/07 TOTALS 4903 00  |                    |  |                    |  |                    |
| 50 PAYER NAME Medicaid  |                    | 51 HEALTH PLAN ID  |                    | 52 REL. INFO   |                    |
| 53 ASG. BEN.  |                    | 54 PRIOR PAYMENTS  |                    | 55 EST. AMOUNT DUE 1876543210                                      |                    |
| 56 NPI  |                    | 57 OTHER   |                    | 58 PRV. ID   |                    |
| 59 INSURED'S NAME Griswold, Clark   |                    | 60 INSURED'S UNIQUE ID 123456789                                     |                    | 61 GROUP NAME  |                    |
| 62 INSURANCE GROUP NO   |                    | 63 TREATMENT AUTHORIZATION CODES 10987645321                         |                    | 64 DOCUMENT CONTROL NUMBER   |                    |
| 65 EMPLOYER NAME  |                    | 66 780.39  |                    | 67   |                    |
| 68  |                    | 69 ADMIT. DX 540.0   |                    | 70 PATIENT REASON DX   |                    |
| 71 PRINCIPAL PROCEDURE CODE   |                    | 72 OTHER PROCEDURE CODE  |                    | 73 OTHER PROCEDURE CODE  |                    |
| 74 OTHER PROCEDURE CODE   |                    | 75 OTHER PROCEDURE CODE  |                    | 76 OTHER PROCEDURE CODE  |                    |
| 77 OTHER PROCEDURE CODE   |                    | 78 OTHER PROCEDURE CODE  |                    | 79 OTHER PROCEDURE CODE  |                    |
| 80 REMARKS  |                    | 81 CC B3 363LP0222X  |                    | 82   |                    |
| 83  |                    | 84   |                    | 85   |                    |
| 86  |                    | 87   |                    | 88   |                    |
| 89  |                    | 90   |                    | 91   |                    |
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| 95  |                    | 96   |                    | 97   |                    |
| 98  |                    | 99   |                    | 100  |                    |

UB-04 CMS-1450  
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OMB APPROVAL PENDING

NUBC national uniform billing convention LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

- Fill Colors (shaded areas are slightly darker):
- Required Fields
  - Conditional Fields
  - Other
- Border Colors
- Client Fields
  - Provider Fields
  - Billing Fields